

Poster Preparation 101

The Pediatric Delirium Dilemma
Mary Hamilton-Chestnut, RN, FNP-C, Elizabeth Card, RN, CPAN, CCRP
VANDERBILT SCHOOL OF MEDICINE
DEPARTMENT OF ANESTHESIOLOGY

BACKGROUND


TREATMENT MODEL

RESULT

CONCLUSION

Clinical Question

Methods



The poster is a research poster titled "The Pediatric Delirium Dilemma" by Mary Hamilton-Chestnut, RN, FNP-C, Elizabeth Card, RN, CPAN, CCRP. It is from the Vanderbilt School of Medicine, Department of Anesthesiology. The poster is divided into several sections: Background, Treatment Model, Result, Conclusion, Clinical Question, and Methods. The Treatment Model section contains a flowchart and a diagram of the Pediatric Delirium Model. The Result section contains a list of bullet points. The Conclusion section contains a list of bullet points. The Clinical Question section contains a small image of a child. The Methods section contains a list of bullet points.

Qualities of a Great Poster

Goals:

- 1) Attracts onlookers' attention so they stop for a second look
- 2) Concisely communicates the research/case

Concise:

A poster is not a journal article. A viewer should get your message in 3-5 minutes and be able to read **ALL text in 10 minutes**.

Good rule of thumb: word count should be about 1,000 words.

Communicates Visually:

Even if the poster only consists of text, it needs to be clean, uncluttered and evenly spaced. Graphic elements should also be CRISP, not distracting and clearly supportive of conclusions. Don't include "throw-away" graphics just to have visuals.

Plan Your Poster

- PLEASE read & follow **ALL** meeting instructions regarding poster production, size and presentation. **ASA 2014 is asking for posters that are 55 inches wide x 28.5 inches & Department templates marked ASA are set to this scale.**
- Do not wait until the last minute! If this is your **FIRST** poster, plan on at least a week's time for just the design. Reserve enough time for printing, if your poster has to be printed.
- Sketch it out. Large index cards are great planning tools.
- Arrange the contents in a series of organized columns, grouped by **SHORT** headers. (The templates already have headers, but you can modify them, if needed.)

Getting Started

- **Use Departmental Poster Templates.** Go to <http://tinyurl.com/Anes-posters>. This presentation is also there for you to download: Poster Preparation Guidelines 2014. The ASA-sized templates are listed first. If you have trouble downloading, email Jill Clendening @ jill.clendening@vanderbilt.edu.
- Download correct template. When it's open, click on **View** tab. Turn on **Gridlines, Guides and Ruler**. These will **NOT** print, but are there to help you align figures, text boxes, etc. **Also, PLEASE make sure you are in Slide Master view so you can edit/add text to the template.** (See menu bar below.)



- Text boxes are already set up, but you can create new sections and headings by adding text boxes and resizing text boxes as need. Click **Insert >> Text Box**

Why Use a Department Template?!

The Pediatric Delirium Dilemma

Mary Hamilton-Chestnut, RN, FNP-C, Elizabeth Card, RN, CPAN, CCRP



VANDERBILT
SCHOOL OF MEDICINE

DEPARTMENT OF ANESTHESIOLOGY

BACKGROUND

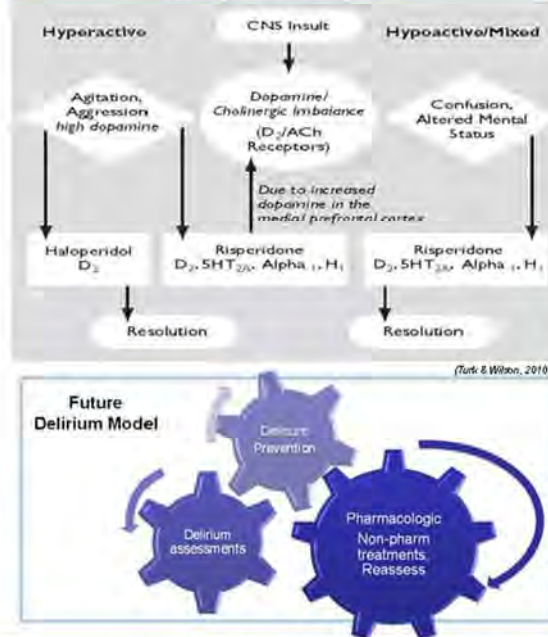
- Delirium can be defined as "a disturbance in a patient's attention, alertness, cognition, and perception that develops rapidly and fluctuates throughout the day."
- Delirium is difficult to diagnose, is associated with increased hospital stay, increased mechanical ventilator dependency, increased morbidity, and mortality.
- Delirium has been reported in the geriatric, adult, and pediatric population, with high prevalence in Intensive Care Units (ICUs).
- Psychomotor subtypes of delirium are: Hyperactive, mixed, and hypoactive; of these, the mixed subtype is associated with poorer outcomes.
- Leo Kanner was the first psychiatrist to explain delirium in the pediatric population in 1957, and in 1972 delirium was mentioned for the first time in a major pediatric journal.
- There is a dearth of delirium research studies in the pediatric population. Delirium in children is often under recognized in the ICU and left untreated in already critically ill children. Lack of information on pediatric delirium can be linked to a variety of causes, including the complexities of childhood growth and development, the inability of very young children to communicate effectively, misconceptions among intensivists and other staff, and lack of validated tools to diagnose delirium. There is a need to understand more about this condition in the pediatric population.

CLINICAL QUESTION

How do we recognize and treat pediatric delirium?



TREATMENT MODEL



METHODS

- We completed an integrated research review of the literature, this search was completed using Medline Plus, Cochran Review, Google Scholar and OVID. The following key words were used: "delirium," "pediatric delirium," "sickness behavior," "pCAM," "PAED," "DSM-IV."
- We included 6 of the 18 articles from our review. We kept 3 for background material. The remaining articles were excluded.

RESULT

- The incidence of delirium in the pediatric ICU was reported at 10-66%, depending on specific pediatric population.
- Risk factors for delirium in children include medications, male gender, degree of physical illness, and preexisting emotional problems.
- Like in the adult population, 3 major subtypes can be differentiated; however, there are conflicting reports as to whether the hyperactive or hypoactive subtype is more common.
- There are reports of successful treatment with haloperidol and some evidence for treatment of delirium with this and other antipsychotics based on the subtypes (see accompanying figure). Non-pharmacologic treatments include decreasing environmental stimuli (dim lights, turn down/off the TV), and providing psychological comfort (presence of family, favorite toy/blanket).
- Currently, there are few tools to diagnose pediatric delirium, including the pCAM-ICU and PAED.
- Mortality rates from 10-29% have been reported in children diagnosed with delirium.

CONCLUSION

- Pediatric population will continue to be challenging due to its many limitations and the complex nature of delirium in general.
- Particularly pressing is the need to recognize and diagnose pediatric delirium, allowing for discovery of modifiable risk factors and development of additional treatment options.
- Long-term negative effects of delirium on the adult executive functioning skills have been well recognized, however it is unknown if the same is true for the growing/developing pediatric mind.
- Understanding and treating pediatric delirium will help decrease the morbidity and mortality rates in these already critically ill and medically complex children.
- Delirium prevention measures should be developed; prior research has focused potential "family centered" intervention which would hinge on the primary care givers' decreased anxiety and calming presence/reassurance for the child.
- Additional research is needed in order to fully understand pediatric delirium.

References available upon request

About the Design

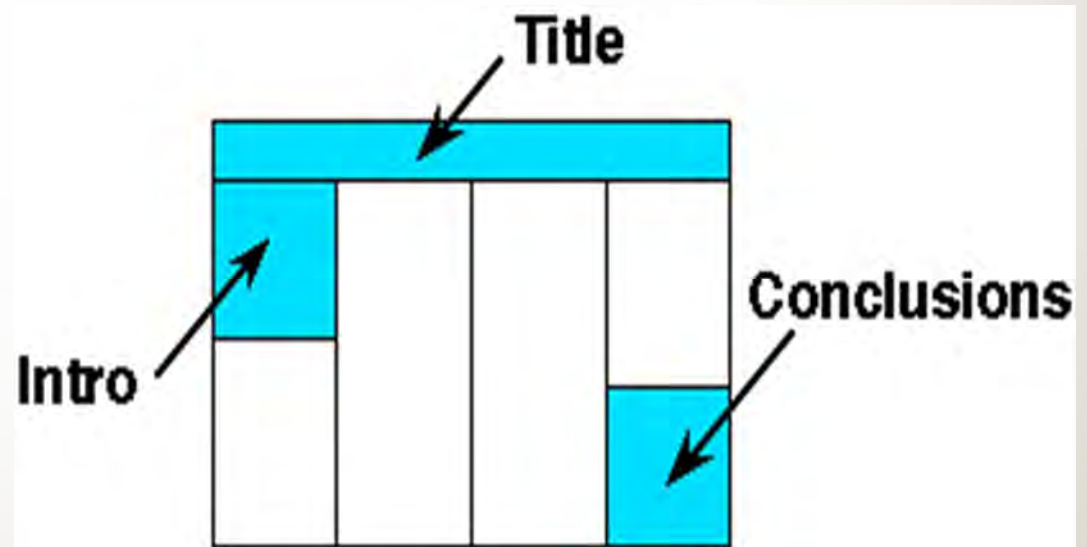
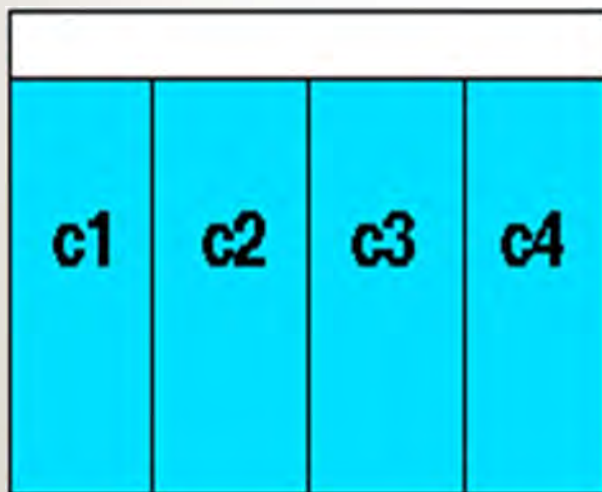
- **Don't overuse color.** It distracts from data. Colored backgrounds usually *increase* print cost. If used at all, muted shades are best for backgrounds.
- A single, emphasis color is best, particularly for headers. **Never use more than three colors.**
- *Most poster sessions are in halls with florescent lights, which distort colors.* Bright colors are altered the most by florescent lighting, so keep this in mind.
- Graphics should be well-labeled, but with minimal text, and should be **easily visible from six feet away.** **Test this out!**
- Use empty space **evenly** between your poster elements to differentiate between the elements and to keep the appearance CLEAN.

About the Design

- Double-space lines of text, using left justification. **It is easier to read. Do NOT double space after sentences.** Your computer adjusts spacing for you!
- San serif fonts (no shelves or curls on the letters) are easier to read, but there are a few serif fonts that are acceptable. Try Helvetica, Arial, Geneva, Times Roman, Palatino or Century Schoolbook. **Do NOT use a specialty font.**
- Use one font throughout poster. Create emphasis by using bold, underlining or limited color. Avoid italic text; it is harder to read.
- Body text should be readable **from six feet away.**
- Section headers should be no smaller than 50 point, Bold, Helvetica.
- Supporting text should be no smaller than 32 point Helvetica.
- Narrative, if necessary, should be BRIEF and no smaller than 20 point plain text. If you need more narrative support, provide handouts.

Poster Flow

Flow of information on a poster is for a reader's eyes, from left to right. Don't jump around! *If, as you are practicing the presentation of poster, you find yourself NOT moving through the content in a linear fashion, re-design your poster!*



Poster Title

The poster title should be readable from 20 feet away!

This means the letters should be a minimum of 1 inch high. Different fonts will take up different space, but try these minimum sizes:

72 pt BOLD for the title
54 pt BOLD for the authors
38 pt BOLD for the institution

Include in the title:

- **Title** of the work
- **Author(s)** names (including first names, if possible)
- **Institutional affiliations** (city names or states can be dropped for space considerations)
- **Poster number** (if provided/required)

PowerPoint Pointers

- Maintain a **1 to 1.5" border of white space (empty space with no text)** on all sides to accommodate printing variations & screen sizes (for E-posters). You don't want anything chopped off!
- Use **ONLY standard fonts**; specialty fonts may not print correctly.
- **Type all special characters (e.g. Greek/mathematical symbols) directly in PowerPoint** rather than copying and pasting from another document. Special characters pasted into PowerPoint can print incorrectly *even though the character displays correctly on the monitor*. Insert special characters by clicking **Insert >> Symbol >> [character]**.
- PowerPoint won't wrap text around inserted figures. To do this, create the paragraph as a separate Word file (which you can then use to wrap text), and then insert the Word file into your poster.
- **All content should be readable from six feet away!**

PowerPoint Pointers

- **Make sure text boxes are completely on the page.** Even if text appears on the page, the text box (shown by ghosted , dashed outline) may extend beyond slide's edge and can cause text to shift when printed or converted to a PDF.
- **Insert figures and graphs using the "Insert" function, NOT by copying and pasting the image or figure into the document. Click **Insert >> Picture >> From file >> [filename]**.**
- Use a graphics program, not PowerPoint, to resize your images to the size you want them to appear on the poster.
- Images will look small when you view the entire poster at once. To get an idea of how the actual picture looks, **view your poster at 100%. *If it's fuzzy on the monitor, it will ALSO be fuzzy when it prints. Find a higher resolution image. Call source of the original image, such as a medical device vendor. They are more than happy to supply images when you explain the purpose.***

PowerPoint Pointers

- **Best resolution for printed images is 300 dots per inch (DPI).** If you take a 2" X 2" image at 300 DPI and resize it to 4" X 4", you have halved the resolution to 150 DPI. **It will be FUZZY!**
- **Macintosh users who insert graphs created in Excel:** Print the Excel chart to a PDF file, then open the PDF file in Preview (a Mac system standard application). Then save it as a PNG/JPEG/TIFF at 300dpi (you get to choose resolution when saving). Then Insert the PNG/JPEG/TIFF file into PPT where it can be resized/cropped to fit.
- **To use a graph created in GraphPad,** select the graph (in GraphPad) that you want use. Click **File >> Export >>** and **Save As Type** (pull-down menu). Save image, then insert it into the PowerPoint as outlined above.



4 by 6 image at 300 dpi
(32 KB size file.) This is GOOD!



Same photo, pulled from a web
site: approx 96 dpi. ***This is BAD!***



2 by 2 image, but at
300 dpi (17 KB size
file) This is GOOD!!



SAME photo, pulled from a web
site: approx 96 dpi. ***This is BAD!***

More to Remember

- Don't add bullets or colons to section headers. Looks too busy.
- Avoid long blocks of text! – about 10 sentences, maximum.
- When using acronyms or numbers in body text, a trick is to scale down the font size of just that text to keep acronyms or numbers from overpowering the rest of the text.
- *Create the entire poster in one environment (Mac or PC).* Switching between can cause lost images, botched graphs, etc.
- *Use only a single space after sentences! Your computer is already adding space!*
- Don't display two-dimensional data in 3-D. Three-dimensional graphs obscure the true difference between bar heights.
- If you include a photo, add a thin border to avoid a “floating” effect.

Hang ON!!!

(Or, just remember your hanglines...)



Print a (Cheap!) Proof!

Print a smaller, tiled proof on 8.5 by 11 paper from your desktop & proof it thoroughly! **NOTE: To do this, you will need ADOBE ACROBAT, and not just ADOBE ACROBAT READER.**

- In PowerPoint, select **FILE> PRINT > Select Adobe PDF**
- Under Adobe PDF menu, Select **PRINTER PROPERTIES.**
- While in **PRINTER PROPERTIES** menu, under **Adobe PDF Page Size**, choose **Oversize A1.**
- Print PDF & Name/Save the PDF file.
- With PDF still open, choose **PRINT.**
- Under **PAGE SCALING**, choose **TILE ALL PAGES.** Then, under **TILE SCALE**, select **60%.**
- Select **OK.** Proof will print on 4 pages (tiles), which you can tape together. Printed copy ALWAYS looks different than on-screen text, so you are likely to find surprise errors!

ASAposter 17Aug2011_JC [Compatibility Mode] - Microsoft PowerP... Drawing Tools

File Slide Master Home Insert Transitions Animations Review View Acrobat Format

Save Save As Open Close Info Recent New Print Save & Send Help Add-Ins Options Exit

Print
Copies: 1

Printer
Adobe PDF Ready
Printer Properties

Settings
Print All Slides
Print entire presentation
Slides:
Full Page Slides
Print 1 slide per page
Collated
1,2,3 1,2,3 1,2,3
Color

Edit Header & Footer

VANDERBILT SCHOOL OF MEDICINE
DEPARTMENT OF ANESTHESIOLOGY

Utilization of the ACC/AHA Guidelines in an Academic Preoperative Clinic: Testing, Therapy and Delays related to Preoperative Cardiology Consultation
Susan Calderwood, MD; Jennifer Lee Morse, MS; and Damon R. Michaels, CCRP

INTRODUCTION
Revised ACC/AHA Guidelines for the preoperative cardiac evaluation of adults undergoing non-cardiac surgery were released in 2007 (1). We evaluated our compliance with these guidelines in the Vanderbilt Preoperative Evaluation Center (VPEC) during February, March and April 2010.

METHODS
Seventy adult patients scheduled for intermediate or low-risk surgery were referred by VPEC for preoperative cardiac consultation during the months studied. Three patients with known severe chronic cardiac disease were excluded from the analysis. After obtaining IRB approval, we performed a focused review of the remaining 67 patient charts to evaluate appropriateness of referral, preoperative testing, therapy and surgical delays.

RESULTS
Of the 67 referrals, 43 (64%) were consistent with the ACC/AHA guidelines. 34 patients with suspected active cardiac conditions and 9 patients scheduled for intermediate risk surgery with one or more clinical risk factors and poor exercise tolerance. The 24 referrals judged inconsistent included 3 patients with chronic symptoms, 7 with good functional capacity, 2 with no clinical risk factors and 12 having low-risk surgery. Testing ordered by the cardiology consultants is shown in Table 1, and the results of testing is shown in Table 2. Delays resulting from testing are shown in Figure 1.

TABLE 1
Testing Ordered by Cardiology Consultants for Referrals Consistent and Inconsistent with ACC/AHA Guidelines

	CONSISTENT (n=43)	INCONSISTENT (n=24)
No testing	7	8
Pharmacologic stress test	22	11
Resting echocardiogram	18	6
Cardiac catheterization	4	1
Amputation/arteriogram monitoring	2	0
CT angiogram	1	0
Cardiac CT (MIB/CT)	1	0
Chest CT	0	1
Carotid Doppler	1	0
Patients undergoing more than 1 test	12	4

TABLE 2
Results and Therapy Related to Consultant-Ordered Testing

	CONSISTENT (n=43)	INCONSISTENT (n=24)
Normal study/minor abnormality; proceed to OR	18	7
Abnormal study; proceed to OR	10	3
* 6 stress test, 2 stress echo, 1 cardiac CT		
(Medical Therapy)	6 [†]	1 ^{††}
PCI (bare metal stent)	2 ^{†††}	
Pacemaker	1 ^{††††}	
Planned surgery	1 ^{†††††}	

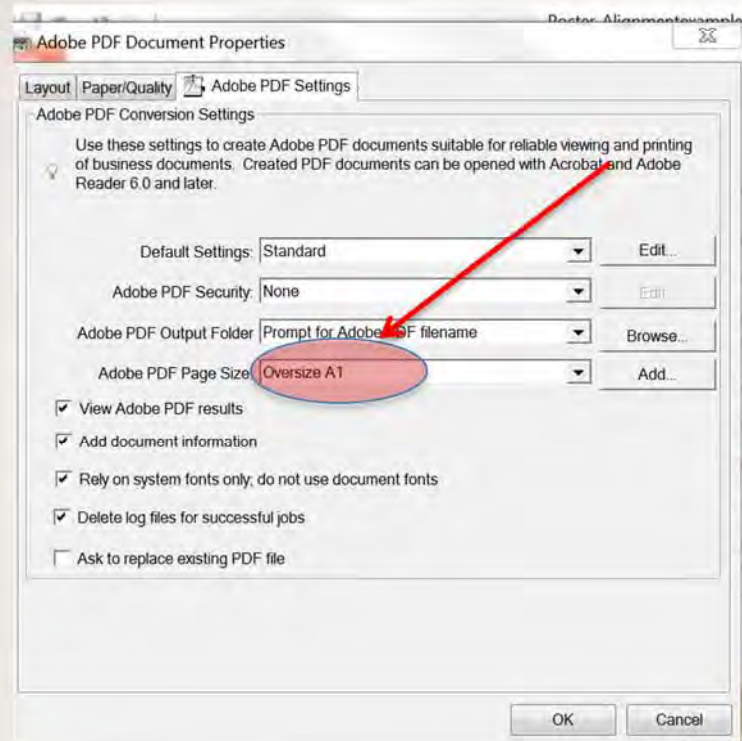
FIGURE 1
Delays Resulting from Testing

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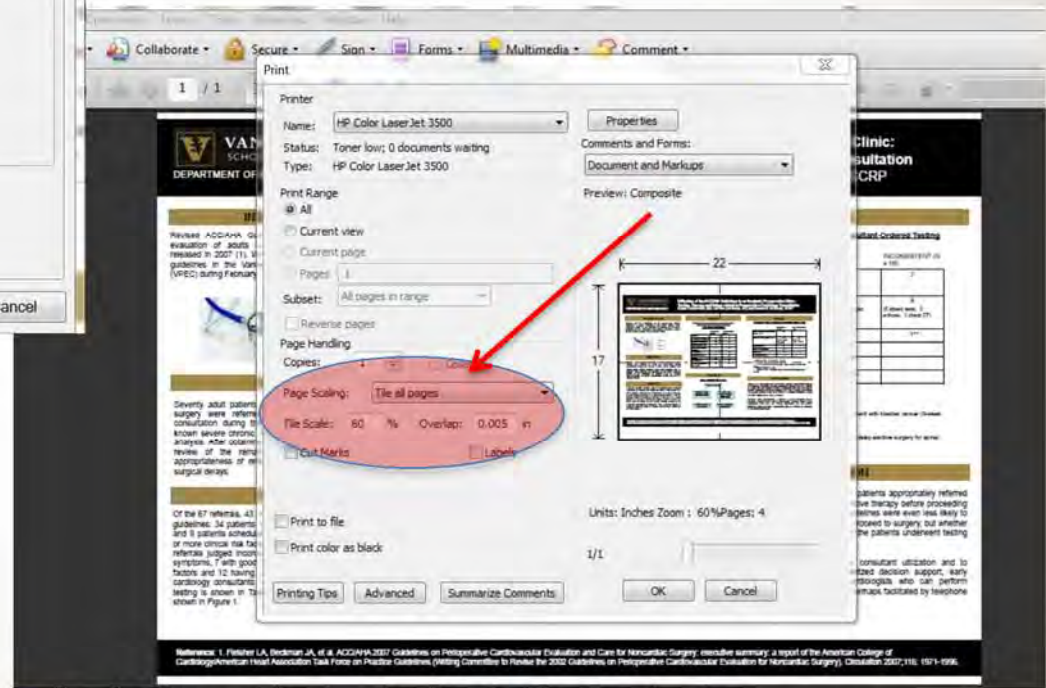
    graph TD
      A[67 patients referred] --> B[23 patients VPEC appointments within one week of surgery]
      A --> C[34 patients VPEC appointments more than one week prior to surgery]
      B --> D[19 (83%) patients had surgery delayed]
      C --> E[14 (41%) patients had surgery delayed]
    
```

CONCLUSION
Based on a three-month review, 64% (21%) patients appropriately referred for cardiology consultation received preoperative therapy before proceeding to surgery. Referrals inconsistent with the guidelines were even less likely to provide information affecting the decision to proceed to surgery, but whether appropriately referred or not, 52-67 (75%) of the patients underwent testing and 33-67 (49%) required delay of surgery. Measures under consideration to improve consultant utilization and to decrease surgical delays include computerized decision support, early preoperative clinic visits, and utilizing cardiologists who can perform indicated testing at the time of consultation, perhaps facilitated by telephone or pre-consult chart review.

Reference: 1. Pleshke LA, Bedman JA, et al. ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery; executive summary: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to Revise the 2002 Guidelines on Perioperative Cardiovascular Evaluation for Noncardiac Surgery). Circulation 2007;115: 1571-1596.



When printing a PDF, choose
Oversize A1 for the page size



When printing out the poster to proof, under **PAGE SCALING**, choose Tile All Pages with a Tile Scale of 60%.

Department Printing Resource

Our Research Division can print posters for our own faculty and staff.

- Submit poster in PDF or PowerPoint format via email to **BOTH** Kristie Lee, kristie.lee@vanderbilt.edu , and Christine Goldsberry, christine.goldsberry@vanderbilt.edu . We support the PC platform only.
- Posters will be printed on semi-gloss paper, with a maximum depth of 42 inches.
- The Research Division does have poster tubes. There are also inexpensive tubes available online. You can also purchase a cardboard tube for \$5 at the BRET Poster Office, 307 Light Hall.
- Posters will be ready no later than two business days after submission. You will be notified when poster is ready for pick up.
- Allow additional time for printing prior to large conferences, especially ASA-affiliated specialty meetings in October. **Requests for these posters should be made no later than September 20th.**
- Include your telephone number when you submit poster via email. You will be notified via email and/or telephone when it is ready. Posters can be picked up at **MCN T4202**.
- Questions? Direct inquiries to Kristie Lee or Christine Goldsberry at email addresses above.

Another Printing Resource at VU

POSTER PRINTING ONLY

Biomedical Research Education & Training Poster Printing, 307 Light Hall

Note: If you use this service, please contact Karen in advance to discuss payment for this service. They no longer accept 1180s

Contact: Karen Perry

Email: bret.poster@vanderbilt.edu

Phone: 322-3835

Website: http://bret.mc.vanderbilt.edu/bret/php_files/poster2.php

Hours: Typically 8:30 am – 4:30 pm

- Supports PC and Mac formats.
- Posters can be submitted on CD, jump drive or emailed to bret.poster@vanderbilt.edu.
- If BRET must modify poster, cost is \$30/half hour for design time, in addition to print charge.
- Posters must be submitted **at least two business days in advance** of when needed. Allow additional time before large conferences.
- Priced by size. (See table at right.) **\$10 surcharge** for colored background.
- Payment: 1180s and personal checks accepted.

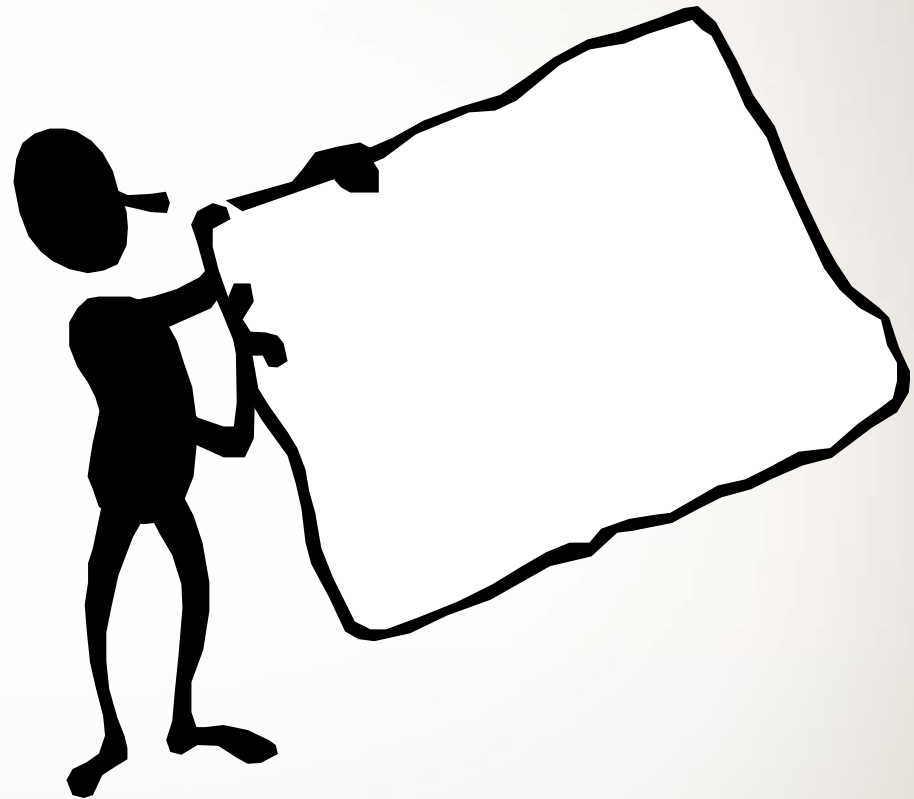
Width (in)	Length (in)	2 Business Day Service	Rush Service
16	20	\$29	\$35
18	24	\$32	\$38
24	36	\$42	\$52
36	44	\$58	\$70
36	36	\$51	\$61
36	42	\$56	\$67
36	48	\$61	\$74
36	56	\$68	\$83
36	60	\$72	\$88
36	72	\$82	\$101
36	84	\$92	\$115
36	96	\$103	\$128
42	36	\$56	\$67
42	42	\$61	\$72
42	48	\$67	\$80
42	56	\$75	\$90
42	60	\$79	\$95
42	72	\$91	\$110
42	84	\$102	\$125
42	96	\$114	\$140
48	36	\$61	\$74
48	42	\$67	\$80
56	36	\$68	\$83
56	42	\$75	\$90
60	36	\$72	\$88
60	42	\$79	\$95
72	36	\$82	\$101
72	42	\$91	\$110
80	36	\$89	\$110
80	42	\$98	\$120
84	36	\$92	\$115
84	42	\$102	\$125
96	36	\$103	\$128
96	42	\$114	\$140

Yet Another Printing Resource at VU

POSTER **PRINTING** ONLY

Vanderbilt Printing Services

- On-campus location
268 Rand Hall
Email: Campuscopy@vanderbilt.edu
Phone: 322-6849
- (Free pick up and delivery.)
- PDF format is preferred.
- Please specify the finished size
- Payment: 1180s accepted. Account and center number can also be included in the submission email.



Off-campus Poster Printer

- Local poster printing resource if on-campus resources are overwhelmed is ProGraphics on Church Street between 18th and 19th Ave. in Nashville. (Very close to VU.)

ProGraphics Blueprint Company, Inc.
1811 Church Street, Nashville, TN 37203
ph: 615.327.0386 fax: 615.327.0389

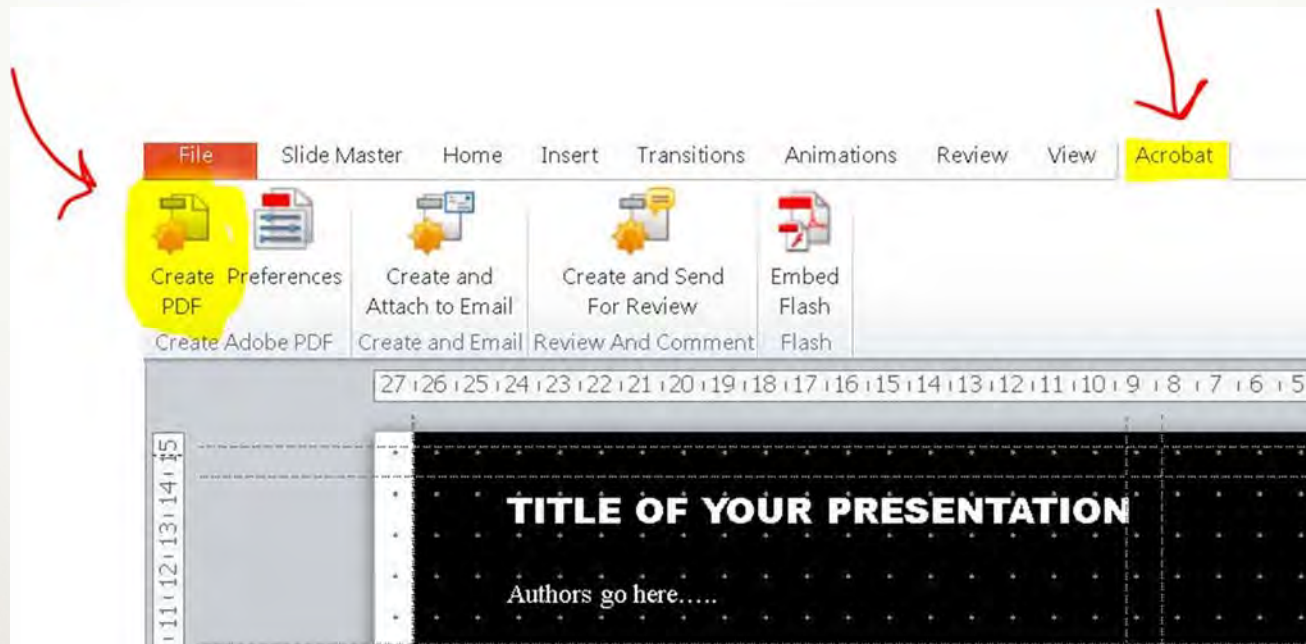
- Cost: Approx. \$60 for poster printed on semi-gloss paper.
- Same day or next-day turnaround (Please let them know Jill Clendening with Vanderbilt Anesthesiology sent you.)
- Email files to Shannon Lewallen at shannon@pro-graphics.net
- **IMPORTANT Caveats:**
 - 1.) ****YOU MUST PICK POSTERS UP at ProGraphics.****
 - 2.) They do not accept 1180s for payment since they're not Vanderbilt....

Submitting an Eposter to ASA

- If your poster will be part of an Eposter (Electronic poster) session at ASA 2014, you should have received an email with instructions on creating an Eposter.
- Read all instructions first & **do not** download the PosterGenius program. You do not have to download this if you are using the Department poster templates (which you should be).
- Create your poster using provided Department templates and then convert your poster to a PDF. Check to make sure all content is on **ONE** page. If you have text boxes that fall outside the slide boundary (check for ghosted borders), your computer might “think” you have multiple pages.
- If you have Adobe Acrobat loaded on your computer, the BEST way to convert your poster to a PDF is to simply select the Acrobat tab found in the top PowerPoint menu bar. If you convert any other way, you will likely have to resize your PDF output to 55 inches x 31 inches by creating a custom page size.

Easy PDF conversion

- You must have Adobe Acrobat (not just Adobe Reader) on your computer to be able to convert to PDF.
- Select the Acrobat tab, and then Create PDF. A PDF will be generated. Save the PDF to your Desktop.



Submitting PDF poster to ASA

- Go to <http://asa2014.epostersubmission.com/>
- Click on “Submit Poster.” When prompted, enter the Poster Submission Code* you received with your email from ASA.
- Follow three simple steps which will appear on your screen. Depending on the file size of your Eposter and the speed of your Internet connection, the submission process may take from a few seconds to several minutes.
- **You will receive a notification when your poster is successfully transmitted.**
- This is the **ONLY** way to submit eposters to ASA. Emailed posters could be considered SPAM and be discarded.
- Get online help with eposter submissions at: <http://support.scigentech.com/>

**If you have not received the e-mail with creation and submission instructions, please contact support@scigentech.com and include poster details: Poster title, corresponding author, poster or abstract code.*

... And Finally

- Don't procrastinate. Your first poster may take a week or more just to compile the content!
- Type up all content in a Word document, proof read, then have a friend proof read it as well! If printing your poster, the cost increases if changes continue to be made after a proof is produced.
- Sketch out a layout.
- If all else fails, and you just can't get the layout to work, get a second opinion from a colleague or call in experts for design assistance.
- Get a strong tube to protect your work! Weather, airlines, etc., will destroy your work.

... And Last, But Not Least....

Please email your final poster to
jill.clendening@vanderbilt.edu

You **MUST** create your poster yourself,
but if you need additional poster tips, email
Anesthesiology Department Communications &
Marketing Coordinator Jill Clendening
jill.clendening@vanderbilt.edu

Good Luck & Happy Postering!